



# REQUEST FOR DRIVING RECORDS AND/OR MOTOR VEHICLE OR WATERCRAFT RECORDS

State Form 53789 (11-08)  
Approved by State Board of Accounts, 2008  
BUREAU OF MOTOR VEHICLES

The records that the Indiana Bureau of Motor Vehicles maintains are open to the public, except as provided by law. Recipients of records must comply with various legal requirements pertaining to, but not limited to, their use and record keeping. Recipients are required to know and comply with all of the legal requirements pertaining to the records.

“Personal information means information that identifies a person including an individual’s: (1) digital photograph; (2) Social Security number; (3) driver’s license or identification document number; (4) name; (5) address (but not the 5-digit zip code); (6) telephone number; or (7) medical or disability information.” I.C. § 9-14-3.5-5.

All records will contain only the personal information that the requesting party submitted with their request unless laws permit the party to obtain records containing additional personal information.

**Step 1** Check the box in front of the category that describes your reason for requesting the information in the motor vehicles records, and provide any additional information required for that category. Please mark only one (1) category per form.

- I am the person named in the requested records requesting records containing personal information.
- I am a legal guardian or have power of attorney for the person named in the requested records containing personal information.  
\*Must provide a copy of the documents granting guardianship or power of attorney.
- I have the permission of the person named in the requested records containing personal information.  
\*Must provide release document with the notarized authorization from the person, or the person’s signed release document and a copy of the person’s driver’s license or identification card.
- I am a law enforcement officer requesting records containing personal information to use for investigation purposes.  
Badge number: \_\_\_\_\_; Law enforcement agency: \_\_\_\_\_
- I am an attorney requesting records. Attorney number: \_\_\_\_\_  
\*To obtain records containing additional personal information, an attorney must submit a Third Party Request for Records.
- I am an elected government official or a government employee requesting records that  do  do not contain more personal information than what I am providing with this request.  
Government position: \_\_\_\_\_; Government entity: \_\_\_\_\_;  
Intended use of the records: \_\_\_\_\_
- I am a member of the media requesting records.  
\*Records will not contain any personal information besides what is submitted with the request.
- All others: \*Records will not contain any additional personal information.

Note: You may obtain information in motor vehicle records through additional sources including by establishing a MyBMV account, subscribing to IN.Gov (AccessIndiana), or in limited circumstances by entering into an agreement with the Bureau of Motor Vehicles. If you have any questions, please call (317) 233-6000.

**Step 2** Complete one of the following sections:

**A. Requesting a driving record for the following person:**

Name of driver (first name, middle name, last name)	Driver’s Indiana driver’s license or identification card number
Driver’s Social Security Number, if known *	Driver’s date of birth (mm/dd/yyyy)
Driver’s last address, if known (number and street, city, state, and ZIP code)	

Check the box next to the type of record you are requesting and provide the required information.

- Driver’s driving record (ODR/MVR) fee: \$4.00** Please allow approximately 7-10 working days to process this request.  
Location of accident (number and street, city, state) \_\_\_\_\_ Date of accident or ticket (mm/dd/yyyy) \_\_\_\_\_
- SR 21-Proof of insurance at the time of an accident or ticket fee: \$4.00.**  
This information is available approximately 120 days after the date of an accident or a ticket.
- Driver’s license history fee: \$8.00** This is a driver’s driving record plus photocopies of specified underlying documents.  
Depending on the documents requested, please allow approximately 2-8 weeks to process this request.  
Specify the documents being requested: \_\_\_\_\_
- Certification of record fee: \$4.00 per record certified** The certification accompanies the record.

**TOTAL DUE: \$\_\_\_\_\_.** Make money order payable to: Indiana Bureau of Motor Vehicles. Anyone with a valid and non-suspended Indiana driver’s license or identification card may pay by a check made payable to: Indiana Bureau of Motor Vehicles



Fayette County Sheriffs Department  
Request for Records Check



Date: \_\_\_\_\_

I, \_\_\_\_\_ request a copy of my criminal record file from the Fayette County Sheriffs Department. By signing this form I am swearing that I am the person whose record is being requested.

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Alias, maiden, or former name used: \_\_\_\_\_

Signature of person requesting record: \_\_\_\_\_

Officer releasing record information: \_\_\_\_\_

Record found:  Yes  No

Remarks:



# REQUEST FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK

State Form 52802 (R2 / 1-09) / CW 2128  
DEPARTMENT OF CHILD SERVICES

**PLEASE NOTE:** The check for CPS history is conducted through the Child Protection Index (CPI) within the Indiana Child Welfare Information System (ICWIS). This database has been the primary electronic source for statewide child protection information since March of 1997. For questions or concerns about the time period prior to 1998, submit this signed consent form to the local DCS office of any county in which the subject has resided.

<b>SECTION 1 (completed by requestor)</b>	
Name of subject of check	Date (month, day, year)
Reason (check all that apply) <input type="checkbox"/> Foster care <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship <input type="checkbox"/> Employment <input type="checkbox"/> Unlicensed placement <input type="checkbox"/> Other _____	
Category of subject <input type="checkbox"/> Applicant / licensee <input type="checkbox"/> Household member* <input type="checkbox"/> Volunteer/intern** <input type="checkbox"/> Employee <input type="checkbox"/> Other _____	
Requestor <input type="checkbox"/> Residential facility (insert name) _____ <input type="checkbox"/> Licensed child placing agency (insert name) _____ <input type="checkbox"/> Other _____	

<b>RETURN FORM TO</b>		
Printed name	Title	Telephone number (     )
Address (number and street, city, state and ZIP code)		E-mail address

\* All household members regardless of age. For minor household members age zero (0) to thirteen (13), the check is done to assess placement capacity and compatibility.  
 \*\* Volunteers / interns who have regular and continuous contact with children supervised by the applicant or licensee.

<b>SECTION 2 - CONSENT TO CHECK CPS RECORDS (completed by subject of History Check)</b>	
I hereby consent to a release of information to the above-named requestor regarding any prior child protection service history. I understand that this information is necessary to ensure the safety of children. This authorization is valid for sixty (60) days from date of consent.	
1. List any other Indiana county(ies) in which you have resided prior to 1998, with dates of each residence.	
2. Signature of subject of check (parent or guardian if subject is a minor)	3. Date (month, day, year)
4. Printed name (first, middle, last)	5. If you have an alias, maiden, other married, or nick name, please list.
6. Date of birth (month, day, year)	7. Race
8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
9. Current address (number and street, city, state, and ZIP code)	
10. Social Security number (List all numbers that have ever been assigned to you under any alias name.)	

<b>SECTION 3 - REQUESTED INFORMATION (completed by DCS)</b>	
Has the above-named person ever been licensed as a foster parent in your county? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was the license closed or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain the circumstances. ----- -----	
Does the above-named person have a record of substantiated child abuse or neglect in your county or state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list date of substantiation, type of case (i.e. neglect, physical abuse, or sexual abuse), and local office that conducted the assessment. ----- -----	
Signature of person completing the check	Date (month, day, year)
Printed name	Title
Name of local office or central office, Department of Child Services	